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ABSTRACT

Using the same approach of family involvement and empowerment that has guided Head Start, Early Head Start offers its services to pregnant women and children, birth to age 3. One of the characteristics that differentiates Early Head Start from traditional Head Start is the mandate to offer full-day, full-year services to infants and toddlers. The way to meet this objective is by forging partnerships between Early Head Start and child care programs. The paper describes Northern Delaware Early Head Start's (NDEHS's) child care partnership model, covering issues such as: building on existing strength; getting started/program assessment; child and family specialists; working with child care providers; meeting family needs; obstacles; and capacity building. The paper concludes by asserting that because the resources of Head Start are limited, innovative ways of partnering with child care programs, such as the itinerant model described, are essential. (EV)

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Early Head Start/Childcare Partnerships:

Working Together To Increase Childcare Quality for Infants and Toddlers

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1

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With the 1994 Reauthorization of Head Start, the federal government began funding Early Head Start programs. This program grew out of a vision of service provision that would allow families to optimally support the development of their infants and toddlers (Health and Human Services, 1994). Using the same approach of family involvement and empowerment that has made Head Start strong for over 35 years, Early Head Start offers its services to pregnant women and children birth to age 3. The following article describes Northern Delaware Early Head Start (NDEHS) program's childcare partnership model. In this model, NDEHS offers Early Head Start services by providing itinerant services in existing community childcare programs. This model builds on work that is being promoted at the national level to promote collaboration between Head Start and childcare programs (Koppel, 1995; Poersch & Blank, 1996).

The Childcare Partnership Model: Building on existing strength

Northern Delaware Early Head Start (NDEHS) serves 95 children throughout New Castle County, Delaware. NDEHS serves children and families in three ways, a traditional center-based program (i.e. all of the services are provided through a center funded by Early Head Start), a home-based program (i.e. children receive all of the services in their home), and a modified home-based option that supports out-of-home care. This model is called our "Childcare Partnership" model and it is based on itinerant Head Start services in center-based

and family child care programs. In developing our program, NDEHS staff knew there would be a greater need for full day child care services than those that could be provided by the Early Head Start centers alone. Despite the fact that their children are infants and toddlers, we knew our Early Head Start families would need full day care on a year-round basis because of the mandates of welfare reform. In the child care partnership option, NDEHS is able to meet the families needs for out of home care by partnering with local childcare providers. By providing services in this way, NDEHS is able to meet the needs of the families we serve while at the same time building on the strengths of our community child care programs. Like so many other communities across the country, the county we serve lacks affordable, high quality infant and toddler programs. Therefore we wanted our services to increase the capacity of providers who serve low income, at-risk children. Further more by using this approach we are able to learn from the successes of community based child care programs in effectively services to parents who must work. Likewise the child care providers' approach of "caring for the whole child" was in keeping with the spirit of our Early Head Start initiative. Finally the community based providers were a ready link with the parents. Because they were already serving children in our target service areas, the childcare providers we work with had established trust with the families we were funded to serve.

Early Head Start programs must meet federal Head Start regulations called Performance Standards. The Performance Standards specify everything from group size to program governance and are designed to meet federal mandates for quality. In the childcare partnership model, NDEHS tries to offer support to the childcare program in order to meet as many of the performance standards as possible. For instance, the performance standards state that any one caring for infants and toddlers must have an infant toddler CDA within a year. Therefore, NDEHS supports childcare staff or home providers in earning their CDA. Likewise there is a stress on continuity of care for infants and toddlers. NDEHS supports childcare programs in rethinking staffing patterns and child grouping to facilitate continuity of care. Centers design strategies for keeping the same teacher with the same group of children and moving them to different rooms based of the children's developmental needs, or by modifying the room to meet the changing developmental needs.

Getting Started/Program Assessment

In order for us to begin the partnership process with providers, an environmental assessment is conducted using either the Family Day Care Rating Scale (FDCRS) (Harms & Clifford, 1989) or the Infant-Toddlers Environmental Rating Scale (ITERS)(Harms, Cryer & Clifford, 1990). Based on feedback from these assessments the providers are given support and guidance concerning ways to improve their classrooms or centers. Providers sign an agreement with

NDEHS that stipulates that they want to enter into a partnership and will provide childcare services to a child enrolled in NDEHS. In addition, the provider agrees to attend training, respond to suggestions for quality improvement and enhancement, and abide by all NDEHS policies. NDEHS in turn agrees to provide training opportunities and conduct weekly technical assistance visits. The cost of children's attendance in the child care programs is supported by our states childcare subsidy. As is the case in many communities, this reimbursement rate is below our community's market rate for child care. Since the childcare providers are providing care at below market rates, NDEHS also provides a small monthly stipend for each provider. This stipend is used to pay for materials and equipment. Decisions concerning what materials to purchase are made in conjunction with the NDEHS Child and Family Specialists. They are given guidance in this process from the results of the environmental assessments.

Child and Family Specialists

The key to this type of itinerant model is the NDEHS Child and Family Specialist. These service coordinators visit the child once a week for at least an hour and a half at the child's childcare program. During these visits the child receives many of their Early Head Start mandated services such as developmental screenings and individualized child development activities. The Child and Family Specialist supports the childcare program in meeting the individual needs of the

Early Head Start enrolled child and also provides more general information and resources to the childcare teacher. For example, the Child and Family Specialist may provide suggestions for developmentally appropriate activities, environmental room arrangement, or partnering with families depending on the needs of the provider. In addition, the Child and Family Specialist may provide developmental screenings for all of the children in the program if the parents and providers are interested. As a result, NDEHS assists the communities' child find efforts in identifying children who may have or be at risk for developmental delays.

Working with the Child Care Provider

The Child and Family specialist helps the child care provider in meeting the child's developmental needs by offering support in curriculum development and planning. Much of the guidance provided is based upon the Creative Curriculum for Infants and Toddlers (Dombro, Colker & Dodge, 1997). We review the goals and objectives from this curriculum and look for ways that providers can meet them in their programs. In these instances it is often a matter of helping the provider learn to document this learning. In other cases there are some goals and objectives that providers need to focus more attention on. The Child and Family Specialist assists the provider in identifying these goals, developing a plan to meet them and implementing the plan. The Child and

Family Specialists also help the provider learn to assess the children. We teach the providers how to use the Ages and Stages Questionnaire (ASQ:Squires, Potter & Bricker, 1995) as a screening tool in order to help in planning more developmentally appropriate activities and continue to build on strengths. NDEHS supports providers in developing a formal process for observation, documentation and a plan for implementation. NDEHS assists the teachers in recognizing the learning imbedded in everyday caregiving tasks. Because so much of what caregivers do with infants is basic caregiving (i.e. changing, feeding) providers are encouraged to plan ways to make these everyday activities more meaningful for our Early Head Start child as well as other children in their care. For instance, showing the clean diaper and saying, "this is your clean dry diaper", gives language to the experience of having a diaper change for the 18 month old. Providers are then encouraged to take this same sort of planful approach with all the children in her care.

In some instances, Child and Family Specialists bring activities to share with the children in the programs. The activities are planned based on the developmental needs of the target Early Head Start child. However, the activities are designed so that they may be offered in group settings. Our approach is to use these activities as a model for the provider while at the same time meeting specific developmental needs of the Early Head Start target child. Child and Family Specialists then work with the providers to understand how the activities

were planned and implemented so that they can then provide similar experiences on their own. When the Child and Family Specialists visit family childcare providers these exchanges concerning curriculum development are extremely helpful. In a very real sense the Child and Family Specialists act as a co-teacher and allow the family childcare provider to bounce ideas around. This helps overcome the isolation many of these providers experience.

The performance standards mandate that at least 10% of our children must have an identified disability. Despite the enactment of the Individuals with Disabilities Education Act (1997), many providers continue to be resistant to offering services to children with disabilities. Further we know that if providers are to feel positive about serving children with disabilities they need support. Therefore the Child and Family Specialists offer support to providers in serving children with disabilities. They suggest ways providers can alter their environment or materials selection in order to meet the needs of children with disabilities. The Child and Family Specialists offer suggestions for creating homemade toys that meet the needs of children with physical or cognitive challenges. They help providers in researching disabilities in order to expand their knowledge and understanding of the children's needs. Through a partnership with Easter Seals rehabilitation center we have a lending library of assistive technology toys. Further we offer assistance providers in developing curriculum plans that

map onto IFSP goals, thereby extending the intervention services the child receive.

If they do not already have a CDA or a higher degree, providers are offered support in order to earn their infant toddler or family day care CDA. Some of the Child and Family Specialist's time is spent working with the provider on completing their portfolio and preparing for their assessment. NDEHS staff also acts as an advocate for the infant or toddler in the program, encouraging and supporting the use of developmentally appropriate practices for infants and toddlers.

Meeting Family Needs

The Child and Family Specialists also visits with the family on a monthly basis. Through home visits they address family concerns that impede the families ability to care for their child. Further they act as a conduit to involve parents in their children's care. Through NDEHS efforts many of our child care partners are looking into forming or strengthening their parent advisory boards. Since this is a modified home based model NDEHS offer socialization activities twice a month. In the regular Head Start program socialization activities are provided so that the four-year-old child has an opportunity to interact with children his or her own age and learn social skills critical to success in kindergarten. Early Head Start is mandated to offer these same sorts of socialization to our infants and toddlers. In

our socializations we place much less emphasis on infants and toddlers interacting with each other, though there is rich opportunity for parallel play. Instead we use these meetings as an opportunity to offer parent education sessions. With the children on site, we demonstrate how to do such activities as share books with your baby, safe cooking activities, and making homemade toys that infants and toddlers will enjoy.

Obstacles

Child and family specialists sometimes encounter barriers which must be overcome. In some cases the providers want our Child and Family Specialist to simply come in with activities and entertain the children. We are careful not to do this. In other instances providers want to plan based on thematic activities for the infants and toddlers; they want to "expose them to new things" and are resistant to the creative curriculum approach. With the support NDEHS can provide through training and modeling we are working to change these attitudes and support providers in seeing the rich learning experiences available through natural experiences, which are much more appropriate for infants and toddlers.

A major obstacle in our model is the dependance on state childcare subsidy. Parents sometimes have difficulty maintaining their enrollment status. Our child and family specialists spend considerable effort advocating on behalf of the families so that their benefits will not be discontinued

Building Capacity

A primary strength of this model is capacity building. Nationally infant care is facing a crisis in this county. Through the Northern Delaware Early Head Start childcare partnership model, monthly training sessions are provided for childcare personnel working in partnering centers or family day care homes. In addition, these training sessions are open to other providers in the community free of charge. In this way we are helping support the network of infant and toddler providers in our community. It also helps us identify new prospective home childcare providers and centers that may wish to partner with the NDEHS program.

If Head Start is to remain responsive to the needs of children and families, they will need to provide full-day, full-year programs. Since the resources of Head Start are limited, innovative ways to partner with childcare programs is essential. We believe our child care itinerant model is an effective way to meet the developmental needs of the child as well as the family's need for support and full day full year childcare.

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ABSTRACT

With the 1995 reauthorization of Head Start Act, the federal government created the Early Head Start program, thereby offering Head Start services to pregnant women and infants and toddlers. One of the characteristics that differentiates Early Head Start from traditional Head Start is the mandate to offer full-day, full-year services to infants and toddlers. One means of meeting this objective is through forging partnerships between Early Head Start and child care programs. This paper highlights how Early Head Start can help support the quality of infants and toddler child care and how child care programs support Early Head Start in meeting the needs of families and supporting communities. Suggestions are offered for ways to extend the partnerships and build quality programs for all children.